



YOUTH MINISTRY

at St. John's

211 North Monroe Street Tallahassee, Florida, 32301 - 850.222.2636 - www.saint-john.org

YOUTH MISSION TEAM FORM

For you to be eligible for the 2024 Quito, Ecuador Youth Mission Team, this form must be filled out completely, with Parent Authorization and Community Covenant signed, and your online registration and deposit must be submitted.

PLEASE SUBMIT THIS FORM AND A COLOR COPY OF YOUR PASSPORT (must be current through January 19, 2025)
Both items are due to: Mtr. Leslie Roraback (leslie.roraback@saint-john.org) by 1/14/24

Youth/Participant Information:

Name (as on passport): _____

DOB: _____ Grade: _____ School: _____

Cell Phone: _____ Email: _____

Address: _____

Passport Number: _____ Passport Expiration Date: _____

Parent/Guardian Information:

Name(s): _____

Cell Phone: _____ Email: _____

Name(s): _____

Cell Phone: _____ Email: _____

Emergency Contact Information (other than parents):

Name and relationship to participant: _____

Cell Phone: _____ Email: _____

Medical Information:

Physician: _____ Phone: _____

Insurance Company: _____ Phone: _____

Name of Policy Holder: _____ Policy #: _____

Allergies, Dietary Restrictions, Medical Needs, Medications: _____

Do adult leaders have permission to dispense over-the-counter medicines? _____ Except: _____

Community Covenant:

I promise to abide by the expectations of our Youth Mission.

I will abstain from alcohol, tobacco products, and drugs of any kind not prescribed to me. I will abstain from using or bringing any weapon or explosive. I will abstain from any inappropriate sexual or violent behavior.

I will uphold the community covenant to:

- Be **PRESENT** in mind, body, and spirit and participate fully in activities with a positive outlook.
- Be **SAFE** at all times and respect safety guidelines set for me by adult leaders.
- Be **RESPECTFUL** of all people, property, and ideas different from my own.

I understand that these expectations are set forth for my benefit and the benefit of the entire community, with efforts to make this event the best it can be. If I fail to uphold these promises, I understand that the appropriate consequences will be enforced, including, but not limited to, being asked to leave the event.

I commit to participate in all team meetings prior to the team’s time in Quito and to help with group fundraisers.

Youth Signature: _____

I commit to participate in all (monthly) team meetings prior to the team’s time in Quito and to help with the following group fundraisers, which will hopefully reduce the total individual cost by one third per participant (\$800):

- Winter Festival Parking (12/2/23 – 3:30 to 7:30 PM)
- Take Stock in Youth Kickoff (2/4/24 – 9:15 AM to 12:15 PM)
- Chili Cook-Off (2/25/24 – 9:30 AM to 12:30 PM)
- Springtime Tallahassee Parking and Food Sales (4/6/24 – 9 AM to 12 PM)
- Shareholders’ Dinner – host a table and speak at event (*Date TBD – Sunday evening in late August 2024*)

Youth Signature: _____

Parent Authorization:

My child, _____, has my permission to participate in the 2024 Youth Mission Team to Quito, Ecuador. I understand that all reasonable safeguards will be taken, and that St John’s Episcopal Church and the leaders of this event are not responsible for accidental injury. In case of medical emergency, I hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any licensed medical personnel on the staff of any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care required, but is given to provide authority and power to render care, which is deemed advisable in the best judgment of the physician.

I release St John’s Episcopal Church to record my child’s likeness via still photo, video, or audio recording for use as promotional material for the parish. I understand that these recordings may be edited, and that they may be published in print, video, and on the internet. I hereby waive all rights to compensation for their use.

Parent/Guardian Signature: _____

Date: _____

FORM AND COPY OF PASSPORT DUE TO MTR. LESLIE RORABACK BY JANUARY 14, 2024